

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 OCT -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2016-2017		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P15000043821

1. Corporation Name

BALLECOM ACTIVEWEAR INC.

2. Principal Office Address - No P.O. Box # 1100 S Miami Ave. Suite 4110 Miami, Florida FL 33130 U.S.		3. Mailing Office Address 1100 S Miami Ave. Suite 4110 Miami, Florida FL 33130 U.S.	
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CR25061 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida May 15, 2015	5. FBI Number 47-4026701	☐ Applied For ☒ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐		

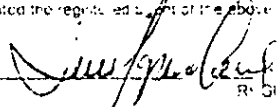
\$175 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent:

Name Luis Ignacio Guarino	
Street Address (P.O. Box Number is Not Admissible) 1100 S Miami Ave. Suite 4110 Miami FL 33130	

400304155194
10/03/17--01021--011 **\$900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.003 or 617.0603 F.S.

Signature of Registered Agent:  Date: 09/18/2017

REGISTERED AGENT MUST SIGN

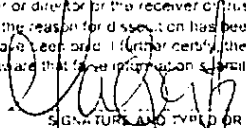
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Clarissa Egaña	1100 S Miami Ave. Suite 4110	Miami / Florida / FL 4110

10. E-mail Address: clarissaegana@me.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver of this application as provided for in chapter 607 or 617 F.S. I further certify that when I filed this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401 F.S. and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:  Date: 09/25/2017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR